Abstrat

Background:

Acute upper gastrointestinal bleeding is one of the main causes of hospitalization due to varicose and non-varicose causes. Acute upper gastrointestinal bleeding occurs in 15-5% of cirrhotic patients due to esophageal varices annually. One third of patients with esophageal varices will develop bleeding from esophageal varices. Bleeding from esophageal varices accounts for 90-50% of cases of upper gastrointestinal bleeding in cirrhotic patients. Each episode of varicose vein bleeding has a 30% mortality.

The purpose of this study was to evaluate the predictive value of demographic, clinical, laboratory, and endoscopic variables on clinical outcome in patients with varicose vein acute gastrointestinal bleeding.

Results:

Most patients were in the age range of 65-41 years. Mortality rate in this center is lower than in literature. Of the three clinical outcomes we considered rebleeding as the most common. In regression analysis, there was a significant correlation between patient age - albumin - diabetes - ESRD - chronic pulmonary disease - anticoagulant drug usage and MELD score with mortality especially for albumin with a coefficient of 4.9 and ESRD with a coefficient of 10.6.

In regression analysis, there was a significant relationship between age-Hb at hospitalization -shock-orthostatic hypotension and re-bleeding. In regression analysis, there was a significant relationship between anticoagulant use and the need for surgery. Regression analysis also

showed a significant association between ESRD، chronic pulmonary disease, anticoagulant use -age-hemoglobin and endpoint outcome.

Conclusion:

The increasing rate of adverse mortality and the need for surgery with anticoagulant therapy suggests that due to the increased risk of thrombotic events in cirrhotic patients, appropriate and accurate anticoagulant use seems to be essential. And on the other hand, the importance of follow-up endoscopy, especially in patients with anticoagulant use.
On the other hand, given the association between albumin and MELD score with mortality, particular attention is paid to calculating MELD and sending samples for albumin to prepare us for more patient care.